

02/14/02  
3-759 U.S. PTO

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Approved through 10/31/2002. OMB 0651-0032  
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PTO/SB/05 (08-00)

# UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. 06160-1P66  
First Inventor or Application Identifier Paul Aimone  
Title REJUVENATION OF REFRACTORY METAL PRODUCTS  
Express Mail Label No. EL653521044US

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning design patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 12]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Background of the invention
  - Brief Summary of the invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 1]
5. Oath or Declaration [Total Pages ]
  - a. ☐ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 17 completed)
  - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76

## ADDRESS TO

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or  
Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATIONS PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. § 3.73(b) Statement of Power of  
(when there is an assignee) Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449  
Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☒ Other: Utility Patent Application Cover Sheet.

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment,  
or in an Application Data Sheet under 37 CFR 1.76:

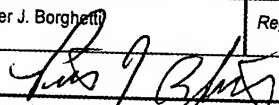
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. \_\_\_\_\_ /  
Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied  
under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference.  
The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label 26486 or ☐ Correspondence address below  
(Insert Customer No. or Attach bar code label here)

Name					
Address					
City		State		Zip Code	
Country		Telephone		Fax	

Name (Print/Type)	Peter J. Borghetti	Registration No. (Attorney/Agent)	42,345
Signature		Date	2/14/02

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Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL for FY 2002		Complete if Known		
		Application Number	N/A	
Patent fees are subject to annual revision.		Filing Date	Herewith	
		First Named Inventor	Paul Aimone	
		Examiner Name	N/A	
		Group / Art Unit	N/A	
TOTAL AMOUNT OF PAYMENT	(\$)	896.00	Attorney Docket No.	06160-1P66

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees (deficiencies only) and credit any over payments to:		3. ADDITIONAL FEES	
Deposit Account Number	03-2410 (Order No. 06160-1P66)	Fee Code	Fee Description
Deposit Account Name	Perkins, Smith & Cohen, LLP	Large Entity Fee (\$)	Small Entity Fee (\$)
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		105 130	205 65
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		127 50	227 25
2. <input checked="" type="checkbox"/> Payment Enclosed:		139 130	139 130
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other		147 2,520	147 2,520
FEE CALCULATION		112 920*	112 920*
1. BASIC FILING FEE		113 1,840*	113 1,840*
Large Entity Fee (\$)	Small Entity Fee (\$)	115 110	215 55
Fee Code	Fee Description	116 400	216 200
101 740	201 370	117 920	217 460
106 330	206 165	118 1,440	218 720
107 510	207 255	128 1,960	228 980
108 740	208 370	119 320	219 160
114 160	214 80	120 320	220 160
SUBTOTAL (1) (\$740)		121 280	221 140
2. EXTRA CLAIM FEES		138 1,510	138 1,510
Total Claims	Extra Claims	140 110	240 55
Independent Claims	Fee from below	141 1,280	241 640
Multiple Dependent	Fee Paid	142 1,280	242 640
24 -20 = 4	18 = \$72	143 460	243 230
4 -3 = 1	84 = \$84	144 620	244 310
	0 = 0	122 130	122 130
Large Entity Fee (\$)	Small Entity Fee (\$)	123 50	123 50
Fee Code	Fee Description	126 180	126 180
103 16	203 9	581 40	581 40
102 84	202 42	146 740	246 370
104 280	204 140	149 740	249 370
109 84	209 42	179 740	279 370
110 18	210 9	169 900	169 900
SUBTOTAL (2) (\$156)		Other fee (specify)	
**or number previously paid, if greater; For Reissues, see above		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$)	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Peter J. Borghetti	Registration No. (Attorney/Agent)	42,345
Signature		Telephone	(617) 854-4000
		Date	2/14/02

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